



CONSENT AND WAIVER OF LIABILITY

YOUR CONTACT INFORMATION

YOUR NAME

First Name

Last Name

YOUR PHONE NUMBER

Home Phone

Cell Phone

YOUR HOME ADDRESS

Street

City

State

Zip

YOUR EMAIL

Email Address

TELL US ABOUT YOU AND YOUR YOGA GOALS

YOUR BIRTHDAY

Day /Month /Year

YOUR OCCUPATION

Occupation:

YOGA BACKGROUND

- Never Done Yoga Before
- Beginner
- Intermediate
- Advanced

YOUR YOGA GOALS

- Gentle Stretching
- Lose Weight
- Strength Training
- Increase Balance & Flexibility
- Other

**YOUR MEDICAL
INFORMATION**

MEDICAL HISTORY

Your Injuries / Medical History (Please Be Specific)

EMERGENCY CONTACT

Name

Phone

**AGREEMENT OF
RELEASE AND
WAIVER OF
LIABILITY**

Agreement of release and waiver of Liability-PLEASE READ CAREFULLY.
I hereby agree to the following:

- 1.) That I am participating in private Yoga Instruction offered by Namaste Wellness, LLC., during which I will receive information and instruction about yoga and health. I recognize that yoga requires physical exertion which may be strenuous that could cause physical injury. I am fully aware of the risks and hazards involved.
- 2.) I understand that it is my responsibility, if necessary to consult with my physician prior to and regarding my participation in the Yoga sessions. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in the Yoga sessions.
- 3.) In consideration of being permitted to participate in the Yoga sessions, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the yoga program.
- 4.) In further consideration of being permitted to participate in the Yoga sessions, I knowingly, voluntarily and expressly waive any claim I may have against Namaste Wellness, LLC for injury or damages that I may sustain as a result of participation in the program.
- 5.) I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Namaste Wellness, LLC or Lisa DeBlasi for any injury or death caused by their negligence or other acts.
- 6.) I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

DATE

Date

SIGNATURE

Signature of Participant

Namaste Wellness, LLC Consent and Waiver of Liability

IF PARTICIPANT IS A MINOR

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If participant is less than 18 years of age, a parent or guardian signature is required. As Legal guardian, I consent to the above terms and conditions.

Minor Name

Guardian Name

GUARDIAN SIGNATURE

Parent / Guardian of Participant

WITNESS SIGNATURE

Witnessed By

PRIVACY

Namaste Wellness LLC will not share or sell your personal information, use it for marketing purposes with anyone unless ordered by law. For our complete privacy policy, please refer the our website via the link below:

<http://www.namastewellnessoc.com/privacy-policy/>

CONTACT:

For any questions or comments regarding this Consent and Waiver of Liability, please contact:

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